

# Proposed 2005-07 Policy Initiative

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| <b>Name of Initiative</b>      | Health Disparities and the Academic Achievement Gap   |
| <b>Sponsor</b>                 | Health Disparities, Frankie Manning   |
| <b>Lead Staff</b>              | Tara Wolff  |
| <b>Other Committees</b>        | Children's Health and Well-Being, Dr. Charles Chu   |
| <b>Summary</b>                 | Children who are healthy and make healthy choices are more ready to learn and succeed at school. Children from communities of color are disproportionately affected by health disparities and the achievement gap. These disadvantages can carry into adulthood and result in lower socio-economic status and poor health outcomes thus perpetuating the cycle for the children of tomorrow.  |
| <b>SHR Strategic Direction</b> | <input type="checkbox"/> Maintain and improve the public health system<br><input type="checkbox"/> Ensure fair access to critical health services<br><input checked="" type="checkbox"/> Improve health outcomes and increase value<br><input checked="" type="checkbox"/> Explore ways to reduce health disparities<br><input type="checkbox"/> Improve nutrition and increase physical activity<br><input type="checkbox"/> Reduce tobacco use<br><input type="checkbox"/> Safeguard environments that sustain human health   |
| <b>Governor's Initiatives</b>  | <input type="checkbox"/> Cost Containment<br><input type="checkbox"/> Cover all Kids by 2010<br><input checked="" type="checkbox"/> Healthiest State in the Nation  |
| <b>Possible Partners</b>       | Office of Superintendent of Public Instruction<br>Department of Health<br>Washington State School Directors Association<br>Commission on African American Affairs<br>Commission on Hispanic Affairs<br>Commission on Asian Pacific American Affairs<br>Governor's Office on Indian Affairs<br>Washington Learns – Early Learning and K-12 advisory councils<br>DSHS – Head Start and EACAP<br>Governors office - executive policy advisors in education and health<br>American Indian Health Commission for Washington State<br>Mary Mahoney Professional Nurses Organization<br>Washington State Association of Black Professionals in Health Care<br>Washington State Medical Association<br>Washington State Dietetic Association<br>American Academy of Pediatricians<br>Washington Association of Community and Migrant Health Centers<br>Chair and Co-Chair of Joint Select Committee on Health Disparities |
| <b>Criteria</b>                | <input checked="" type="checkbox"/> Does the issue involve multiple agencies?<br><input checked="" type="checkbox"/> Can a measurable difference be made?<br><input checked="" type="checkbox"/> Prevalence, Severity and availability of interventions<br><input type="checkbox"/> Level of public input/demand<br><input checked="" type="checkbox"/> Does it involve the entire state?   |

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|  | <input type="checkbox"/> Does the Board have statutory authority?<br><input checked="" type="checkbox"/> Do the resources exist to deal with the issue?<br><input checked="" type="checkbox"/> Does the Board have a potentially unique role? |
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## **Problem Statement**

A recent study by the Manhattan Institute finds that only 70 percent of all students in the Washington public high school class of 2001 graduated and only 32 percent left high school qualified to attend a 4-year college. Only 51 percent of all black students and 52 percent of Hispanic students graduate, and only 20 percent of black and 16 percent of Hispanic students leave high school ready for college. Children of color are disproportionately affected by health disparities and have higher rates of childhood obesity, asthma, and other conditions which affect readiness to learn.

Data from the latest Washington Healthy Youth Survey indicates that increased social-economic status (SES) is associated with decreased risk for academic failure. After adjusting for SES, the grade-adjusted odds for academic risk were still significantly greater for American Indian/Alaskan Native, African American, and Hispanic or Latino/a students. According to Washington State data, students with diabetes, high soda pop consumption (two or more per day), fewer than five fruits or vegetables per day, obesity, or smoking habits have increased odds of academic risk. Students of color have disproportionate representation in some of these risk groups. More research is needed to quantify the effect of these variables on academic achievement for students of color.

Researchers are finding that schools will have difficulty raising the test scores of children with health risks and low levels of resilience. This is of special concern to educators who are interested in raising Washington Assessment of Student Learning (WASL) scores and responding to No Child Behind. Since health disparities are a longstanding concern of public health professionals, these findings present expanded opportunities for education and health professionals to work together to address common goals.

## **Potential Strategies**

Potential Strategies: Increase awareness of the link between health disparities and the academic achievement gap which disproportionately affect children of color.

**Strategy 1:** OSPI has requested that the Board convene consultants from communities of color, education, and public health to discuss how to “package” Washington State data to raise awareness of these links.

**Strategy 2:** The Health Diversity Summit planning committee has requested that Board staff provide consultation and technical support on this topic for a session at the Summit. Depending on the Summit’s call-to-action contents, the Board may be called on to further assist with increasing awareness and highlighting solutions to address these issues.

**Strategy 3:** Participate and support the activities of the OSPI/DOH grant to develop coordinated school health programs and policies in Washington State.

**Strategy 4:** Convene a forum in partnership with others (such as OSPI, DSHS, and DOH) inviting key stakeholders (see potential partners list) to examine this issue in depth and make policy/strategy recommendations.

## **Criteria**

### **Does the issue involve multiple agencies?**

Yes, see list of potential partners.

### **Can a measurable difference be made?**

California was able to measure differences; however, such a study is expensive. Indirect proxy measures could perhaps be developed more reasonably by DOH and OSPI if there was a budget to do this work. The Healthy Youth Survey can be analyzed for indirect measures such as the link between particular health behaviors and risk of academic failure.

### **Prevalence, Severity and availability of interventions**

Washington State children aged 0-17 years: 75.6 percent Caucasian, 11.7 percent Hispanic, 6.8 percent multi-racial, 5.9 percent other, 5.6 percent Asian and Pacific Islander, 3.9 percent African American, and 2.1 percent Native American. (DSHS 2004 report.)

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Interventions exist that have been proven to be effective and/or show great promise.

### **Level of public input/demand**

High amongst potential partners (listed above) – better able to make a determination about public demand after the Health Diversity Summit (September 30).

### **Does it involve the entire state?**

Yes.

### **Does the Board have statutory authority?**

The Board has broad authority to “explore ways to improve the health status of the citizenry” and a recognized role in developing policy related to school health and health disparities.

### **Do the resources exist to deal with the issue?**

Potentially.

### **Does the Board have a potentially unique role?**

Yes, as a convener and leader.